

QA45 – Premature Formula

QUESTION:

I am following a 25 week preemie, with a BW of 350 gm. She had an uncomplicated NICU course, and was discharged at 37 weeks corrected age. She is currently on 24 cal Enfamil premature. Current weight is 2440 gm.

My question is how long should she stay on the premature formula before she transitions to Neosure or Enfacare. It has been recommended that she remain on the premature formula for 2 more months. My main concern is the fat soluble vitamin content, and that she is getting close to 2500g, which I understand to be the upper weight limit. Labs: Phos 6.8, Ca+ 10.9, alk phos 368, albumin 3.6.

ANSWER:

To approach this question in a more generic way—How long should an infant be on a particular formula? When changing an infant's formula, what should the baby be changed to?

First: Is the formula meeting the baby's needs? Is the formula providing more than the baby needs? This should be assessed for all nutrients. Second: If formula needs to be changed, what are the reasons for changing? What are the goals?

Third: Does the formula that baby is being changed to meet the baby's needs? This should be assessed for all nutrients.

Premature infant formulas are designed to meet the guidelines for protein, vitamins and minerals for premature infants. They were developed to accomplish this in less volume than term formulas. For most nutrients, standard infant formulas meet the guidelines when an infant is taking 24-32 oz. When taking less, a pediatric multivitamin will augment the vitamin intake to meet current guidelines. This former 25 week infant, therefore will receive most nutrients at a level similar to the guidelines for a term infant on a standard infant formula supplemented with a pediatric multivitamin at 2.4 kg (at 150-180 cc/kg/d). On a premature formula (depending on specific composition) vitamin A and D will begin to exceed guidelines for term infants.

Does this infant have higher needs than a term infant? The answer to this question depends not only on being a former 25 week infant, but also on the baby's nutrient history, and current nutritional and medical status. Is this infant osteopenic?

If the baby truly had an uncomplicated medical course, does not have any outstanding medical conditions, and feeds well, a standard infant formula with a multivitamin supplement will meet most vitamin/mineral needs. A formula of higher energy density (24 kcal/oz) may support continuation of a previously established growth pattern without needing to take in higher volume.

If baby has specific nutrient needs that differ from a term infant, or has specific deficits that can be identified, an alternative feeding may be appropriate. The specific need should be identified, and the appropriate formula selected.

Reference:

- 1) Gaining and Growing Website: <http://staff.washington.edu/growing>.